

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: _____		2 Serial/Patent # <u>10/518960</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
✓ Filing		1	12/20/04							
Amendment			\$ 100							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
Petition			\$							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 100								
		8 TO BE REFUNDED BY:								
		Treasury Check								
10 REASON:		✓ Credit Deposit A/C #:								
✓ Overpayment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> </tr> </table>		0	2	--	1	8	1	8
0	2	--	1	8	1	8				
Duplicate Payment										
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>								
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>								
OFFICE: <u>ACT</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: